

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

01-03-08 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1				1			51					
2							52						
3			2				53						
4			1				54						
5			1				55						
6			1				56						
7			1				57						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1		1								
TOTAL DEP.			5		13								
TOTAL CLAIMS			7		14								

BEST AVAILABLE COPY